

Jennifer Worsham, RDH, DHP(c)  
878 Falkland Rd  
Victoria, BC V8S 4L8

March 26 2022

**Julian Daly, CEO**  
**Dawn Barr, Manager of Volunteers**  
Our Place Society Community Centre  
919 Pandora Street  
Victoria, BC V8V 3P4

Dear Mr. Daly and Ms. Barr:

Please find attached a Formal Report on a proposal to establish a volunteer dental hygiene clinic at Our Place Society. This report was prepared by Jennifer Worsham, RDH, DHP(c) in March 2022 to explore the practicality of establishing some form of zero-cost dental care for the clients at Our Place.

Through research of recent data and an interview with Patricia O'Byrne, Community Engagement Programs Manager at Our Place, it is clear there is an unmet need for oral care among the homeless populations of Canada in general, and the clients at Our Place Society. Our Place has only had intermittent visits from dental professionals and students over the years, and none at all in the past two years due to Covid-19.

Hopefully, if a small, semi-monthly clinic of one chair and one or two dental volunteers can be established, it will be possible to grow the project into something larger and more wide-reaching.

Please peruse this report and consider how we might best move forward along the path to launching a volunteer-based dental hygiene clinic at the Our Place site to benefit those who are in need.

I may be reached at [jworsham@student.ubc.ca](mailto:jworsham@student.ubc.ca) or 250-744-9462. Thank you so much for your time.

Sincerely,



Jennifer Worsham, RDH, DHP(c)

University of British Columbia  
Vancouver BC, Canada

English - Technical Writing  
Assignment 4.1

Formal Report on Proposal to Establish a Volunteer Dental Hygiene Clinic  
at Our Place Society

Jennifer Worsham  
Peer Review Partner: Varneega Theva

ENGL 301

Dr. Erika Paterson

March 26, 2022

## Table of Contents

I. Introduction.....	3
A. Background regarding difficulty homeless individuals face when accessing dental care.....	4
B. Background regarding medical and financial implications of untreated dental disease .....	7
C. Purpose of this inquiry.....	8
D. Brief description of data sources .....	8
E. Scope & limitations of this inquiry .....	9
II. Data Section .....	9
A. Research .....	9
B. Interview with Our Place Society Community Engagement Manager .....	9
III. Conclusion .....	10
A. Summary analysis .....	11
B. Recommendation for next steps .....	11
IV. Appendix.....	11
A. Interview Questions.....	11
V. Works Cited .....	11

## I. INTRODUCTION

Homelessness is a serious problem in Canada. Approximately 150,000 Canadians use one of the nation's 15,000 emergency shelters each year. There are 35,000 people in this country on any particular night who find themselves without shelter (Canada).

Homeless individuals experience many barriers to care when accessing dental care in Canada, including stigma, lack of a permanent residence, and lack of funds (Figueiredo).

Many studies point to the correlation between homelessness and poor oral health care outcomes, oral disease, and unmet treatment needs (Figueiredo).

**150,000**  
Canadians use an  
emergency shelter each year

**every night**  
**35,000**  
Canadians find themselves  
without shelter

*Figure 1 Homelessness statistics from Employment and Social Development Report, Gov't of Canada*

Well-being has been rarely studied among the homeless population, but the small amount of work done indicates that well-being is significantly impacted by physical health problems, including dental issues (Meija-Lancheros). The unsheltered community experiences instability in their oral health partly due to the constant deconstruction and reconstruction process of moving in and

out of homelessness. (Mago) Early access to professional preventive dental care could prevent a great deal of suffering and morbidity in this population (Figueiredo).

## **A. Background regarding difficulty homeless individuals face when accessing dental care**

Homelessness in Canadian cities is increasing at an exponential rate during the present time of skyrocketing housing costs (Dutton). Therefore, issues relating to this demographic are becoming more urgent.

City shelters in Canada generally find 1/3 of their available beds being used for short-term clients. 2/3 of the space is generally occupied by the chronic and episodic shelter users. Chronic and episodically homeless individuals experience greater health care problems than those who temporarily access shelter services (Jadidzadeh).

The publicly funded, so-called “universal” health care provided in Canada completely excludes dental care of any type (Mago). This directly leads to the unmet oral health needs of the socioeconomically disadvantaged, and most especially, those who have no home (Fournier). The limited social programs available mainly focus on children and those enrolled in social assistance. People who live on the streets may have difficulty accessing government social assistance, and thus they fall through the cracks (Fournier).

These long-term unsheltered individuals often experience extreme oral disease. Descriptions from research invoke the voices of people who have little interest discussing oral hygiene such as toothbrushing, as the crippling pain in their teeth overwhelms everything else. Statements have been made such as, “teeth were so painful that I couldn’t sleep...eat...talk...think; the whole pain was just here” and “there is

lot of food that I can't eat because it doesn't digest...I can't chew, so it is very bad on my health" (Mago).

There are many barriers to these individuals' ability to simply walk into a dental clinic and make an appointment. Lack of contact information such as phone and email makes scheduling nearly impossible. Individuals experiencing addiction can have extreme difficulty with meeting scheduled appointment times due to the need to use or from the aftereffects of using (Mago).

Many homeless individuals report facing discrimination, prejudice, stigma, and lack of basic respect in traditional dental offices. They regularly experience anxiety about the cost, embarrassment about their state of oral health, and fear of dentists (Mago).

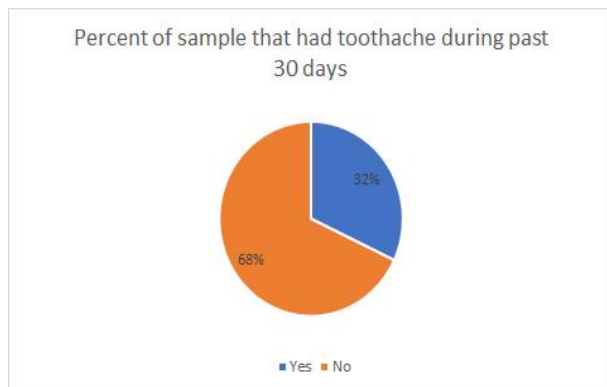
Mago et al. reported, regarding the unsheltered people they interviewed, "Despite our aim to recruit for maximal variation...we found nobody who had good experiences with dentists...they wanted accessible dental services with financial assistance from government, more widespread information about community dental clinics, and, notably among the Indigenous participants, less humiliating discrimination from dentists."

During their research, Mago et al. noticed that those they interviewed didn't even consider the concept of restoring or improving their oral health—they were simply focused on how to get out of the pain they were currently in. 32% of the participants had experienced tooth pain in the last month, but 75% of those did not seek treatment. They reported feeling neglected by dentists and the government.

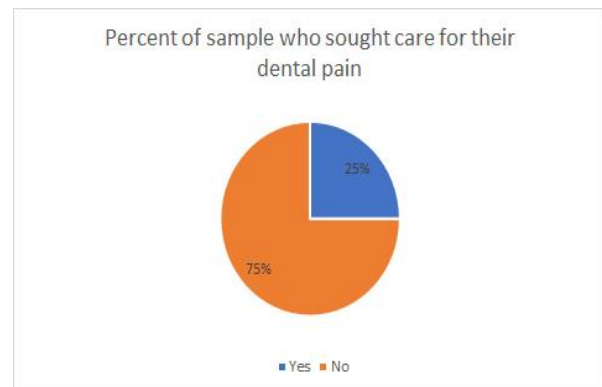
It seems no wonder then, that the majority of homeless individuals experiencing acute dental disease or pain often turn to the local hospital emergency department for relief

(Fournier). In addition to this, many choose to self-treat, even extracting their own teeth when in extreme intolerable pain (Mago).

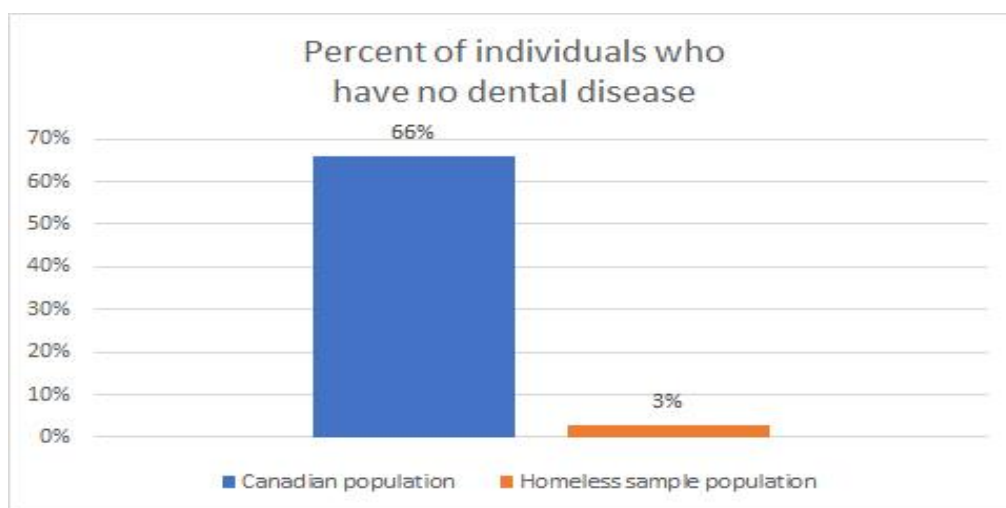
Once arriving at the emergency department however, unsheltered dental patients often find themselves feeling “rushed, confused, and stereotyped” by staff (Mago).



*Figure 2 Homeless people disproportionately experience dental pain (Figueiredo).*



*Figure 3 Few homeless individuals are able seek care for their oral pain (Figueiredo).*



*Figure 2 A disproportionate number of homeless people experience dental disease (Figueiredo).*

## **B. Background regarding medical and financial implications of untreated dental disease**

Hospital emergency departments in Canada are almost never equipped to definitively treat dental disease or trauma (Fournier, Mago). Therefore, visitors to the ED will only receive palliative care: analgesics for pain control and antibiotics for infection. Neither of these will address the underlying dental disease, and the patient will simply get more seriously ill as time goes on. Repeat visits are made to the ED, and there is never resolution to the disease (Fournier).

The cultural and practical gap that exists between medicine and dentistry in Canada limits many physicians' knowledge of dental problems, their treatment, and the true significance of poor oral health (Mago).

Fournier et al. state, "It has been claimed that ED visits for health problems that could have been treated in an ambulatory setting contribute substantially to high health-care costs and represent an inefficient use of health-care resources", as standard charges are still levied for each dental-related ED visit, even though the health problem is never resolved, wasting taxpayer funds via an inappropriate use of medical facilities (Fournier).

The mean ED charge per dental visit is \$760, leading to billions of dollars of federal and provincial health budget resources lost over the years (Fournier). The province of BC spends about \$155 million health dollars per year on admitting countless people to the ED for oral problems, and then providing no definitive treatment for their disease (Brondani). The federal number is approximately \$1.8 billion annually (Brondani).

Many solutions have been discussed by many stakeholders over the years, but we have yet to put in place a plan to help Canadians access timely oral healthcare. (Fournier)

Political power and policy efforts must be brought to bear upon this issue to improve the lives of society's most marginalized, and also to reduce the vast wastage of tax dollars that occurs annually in the hospital system due to fruitless dental visits. (Fournier)

However, there is an immediate need for preventive dental care among the homeless populations of Canada's cities. Community-based volunteer professional dental hygiene services could be an ideal way to bridge the gap between the present time and future governmental programming in this area. This type of clinic could help the unsheltered population feel comfortable, listened to, and at ease. This could lead to improvement in their overall health outcomes, both physical and mental. (Figueiredo)

### **C. Purpose of This Inquiry**

The purpose of this report is to assess the need for volunteer and feasibility of providing dental hygiene services at the Our Place Society Centre. The report identifies gaps in the provision of oral health care to homeless individuals and identifies ways to address this gap through volunteer dental hygiene treatment in a mobile clinic setting at the shelter.

This site is an ideal place to locate services such as these, as it is accessed by hundreds of unsheltered clients from the downtown Victoria area. The provision of zero-cost dental services on-site can help reduce some of the barriers these clients face when trying to access traditional oral health services.

### **D. Description of Data Sources**

Online search of peer-reviewed journals and government reports.

Telephone interview with Patricia O'Byrne, Community Engagement Programs Manager at Our Place Community Centre.

### **E. Scope and limitations of this inquiry**

To explore the need for volunteer dental hygiene clinic services at the Our Place Community Centre on Pandora Street in Victoria, BC and examine the logistics of such an endeavour. The limitations of this study include the fact that there is a paucity of detailed research on the needs and demographics of the homeless populations in Canadian cities.

## **II. DATA SECTION**

### **A. Research**

Peer-reviewed research from the past ten years was analyzed for information relating to homelessness in Canada, emergency room expenditures, disparities in oral care among unsheltered populations, and emotional effects experienced by those struggling with shelter issues. Nine papers were selected as background for this report, ranging from 2012 to 2021.

### **B. Interview Our Place Society Community Engagement Programs Manager**

A 30-minute telephone interview was conducted with Patricia O'Byrne, the Community Engagement Programs Manager at Our Place Society. See Appendix for interview questions. Ms. O'Byrne was eager to discuss the concept of a volunteer drop-in clinic for Our Place clients, as it has been several years since they have had any dental

professionals on-site. In the past, Camosun dental students visited Our Place annually in spring for a few weeks, but the last occurrence of that program was 2019, due to the ongoing Covid pandemic. Currently, there are hundreds of potential clients for a volunteer dental program at the centre. The shower area of the community centre has an area where a mobile temporary dental care area could be set up. Disposable supplies used on each client by dental volunteers are able to be reimbursed by Our Place. Despite reaching out to the dental community many times over the years, the Our Place Society has been unable to arrange any stable volunteer dental care other than the infrequent Camosun student visits that used to take place pre-2020 (Worsham).

### **III. CONCLUSION**

The homeless populations in Canadian cities disproportionately experience poor oral health and hospital emergency visits for acute dental pain. Hospital visits do not address oral issues definitively and yet cost the healthcare system billions. There is a strong immediate need for zero-cost preventative dental services among the unsheltered population of Victoria, BC. Our Place Society Centre would be an ideal location for a mobile volunteer professional dental hygiene clinic, due to the fact that they have hundreds of unsheltered clients who visit daily to access outreach services.

## **IV. APPENDIX**

### **A. Interview Questions**

1. How many Our Place Society clients would be interested in accessing on-site dental hygiene services?
2. Is there an area that could be used as a mobile hygiene space?
3. Is there any funding available for the purchase of disposable supplies?
4. Is Our Place Society in contact with any other dental professionals on a volunteer basis.

### **V. Works Cited**

Brondani, Mario, and Syed H. Ahmad. "The 1% of Emergency Room Visits for Non-Traumatic Dental Conditions in British Columbia: Misconceptions about the Numbers." Canadian Journal of Public Health, vol. 108, no. 3, 2017, <https://doi.org/10.17269/cjph.108.5915>. Accessed 26 Mar. 2022.

Canada, Employment and Social Development. "Government of Canada." Canada.ca, Government of Canada, 27 Mar. 2019, <https://www.canada.ca/en/employment-social-development/programs/homelessness/publications-bulletins/advisory-committee-report.html>

Canadian definition of homelessness [Internet]. [cited 2022Mar2]. Available from: <https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>

Dutton DJ, Jadidzadeh A. The incidence of homelessness in Canada is a population-level phenomenon: A comparison of Toronto and Calgary shelter use over time.

- Canadian Studies in Population [Internet]. 2019 [cited 2022Mar2];46(2):161–71.  
Available from: <https://link.springer.com/article/10.1007/s42650-019-00013-8>
- Figueiredo, Rafael L., et al. “Dental Health of Homeless Adults in Toronto, Canada.”  
Journal of Public Health Dentistry, vol. 73, no. 1, 2012, pp. 74–78.,  
<https://doi.org/10.1111/j.1752-7325.2012.00355.x>. Accessed 13 Mar. 2022.
- Fournier, Kerri, et al. “Emergency Department Visits for Dental Problems Not Associated  
with Trauma in Alberta, Canada.” International Dental Journal, vol. 67, no. 6,  
2017, pp. 378–383., <https://doi.org/10.1111/idj.12315>. Accessed 12 Mar. 2022.
- Jadidzadeh A, Kneebone R. Patterns and intensity of use of homeless shelters in  
Toronto. Canadian Public Policy [Internet]. 2018 [cited 2022Mar2];44(4):342–55.  
Available from: <https://www.utpjournals.press/doi/abs/10.3138/cpp.2018-013>
- Mago, Anjali, et al. “Anxiety and Anger of Homeless People Coping with Dental Care.”  
British Dental Journal, vol. 224, no. 12, 2018, pp. 944–944.,  
<https://doi.org/10.1038/sj.bdj.2018.502>. Accessed 12 Mar. 2022.
- Mejia-Lancheros C, Lachaud J, Aubry T, Wiens K, O’Campo P, Stergiopoulos V, et al.  
Multi-trajectory group profiles of well-being and associated predictors among  
adults experiencing homelessness and mental illness: Findings from the at  
home/chez soi study, Toronto site. Social Psychiatry and Psychiatric  
Epidemiology [Internet]. 2021 [cited 2022Mar2];57(1):67–81. Available from:  
<https://link.springer.com/article/10.1007/s00127-021-02093-x>
- Worsham, Jennifer P., and Patricia O’Byrne. “Interview with Patricia O’Byrne Community  
Engagement Programs Manager at Our Place.” 8 Mar. 2022.